

CHAPTER 5

THE BIRTH OF Q.A.I.M.N.S.

THE Crimean War (and Florence Nightingale) had been responsible, as we have seen, for the admission of women nurses to our military hospitals, and in consequence, to the establishment of the Army Nursing Service. The South African War carried these reforms a long step further, by making manifest the incalculable benefit to the soldier of a full-scale, permanent Nursing Service, both in war and peace.

Early in 1902, with peace upon the horizon, an influential committee under the chairmanship of the Secretary of State for War, Mr. St. John Brodrick (afterwards Lord Midleton) was set up to formulate a definite scheme. As the result of its labours, the existing Army Nursing Service was expanded into 'Queen Alexandra's Imperial Military Nursing Service'—Q.A.I.M.N.S. for short—and so remains to this day, except for a slight but significant change of name. Its first president was Queen Alexandra herself, who occupied that position until her death, when Queen Mary graciously consented to become the next president, and still happily remains so, though again under a significant change of title.

The establishment of Q.A.I.M.N.S. upon its inception was as follows:

Matron-in-Chief at the War Office.

Two Principal Matrons, one at the War Office and one in South Africa.

Matrons—Sisters—Staff Sisters.

Total—about 300.

The now familiar uniform of scarlet and grey had been instituted as far back as 1897. With the approval of H.M. The

King, the present Nursing Service badge was now adopted, displaying the motto, *Sub Cruce Candida*, or 'Under the White Cross'.

This motto was selected out of compliment to Queen Alexandra, who was a Danish Princess before she was married to the future King Edward the Seventh. A white cross forms part of the national flag of Denmark, and it was in graceful allusion to this fact that the motto was composed.

A word may appropriately be said here regarding the various implications of the expression 'Red Cross'. Many people in this country, most of them in fact, are inclined to apply the description 'Red Cross Nurse' rather loosely to any nurse employed in a war-time hospital, whether military or civilian. The practice has led to a sort of hazy impression that all nurses in military hospitals are under the supervision of the British Red Cross Society. This, of course, is by no means the case, for Q.A.I.M.N.S. was a strictly Army organization. The activities of the British Red Cross Society—a purely civilian body—are devoted primarily to the collection and contribution of hospital supplies and medical comforts for our troops in war-time—a contribution of incalculable value. In war-time, however, in conjunction with the Order of St. John of Jerusalem, the British Red Cross are accustomed to enlist 'Voluntary Aid Detachments' of partly trained nurses (known as the V.A.D.) to take the place in the military hospitals of as many male orderlies as possible.

In the matter of the Red Cross itself there seems to be a tendency in the public mind to confuse a corporate body with its symbol. The function of a Red Cross Society is to relieve suffering in war-time; the Cross itself is the emblem, recognized by all civilized nations, which confers immunity from attack upon all buildings and vehicles which display it, and for that matter upon all individuals who wear it—stretcher-bearers, for instance. The Cross also appears upon the V.A.D. uniform, and also, as a rule, upon the uniforms of nurses working in voluntary hospitals and those hospitals equipped and staffed by the Committee of the British Red Cross Society; but did not appear upon that of the

Q.A.I.M.N.S., the members of which, as we know, wore a distinctive uniform of their own.

The distinction of a regular Commission in the Q.A.I.M.N.S. was achieved comparatively recently. In the early stages of their existence—up to the time of the South African War, in fact—the Army Nursing Sisters enjoyed no official rank or status; they were merely trained nurses employed by the Army.

In 1919, there was a new scheme for the State Registration of all nurses. In order to qualify for Registration, nurses on completion of training were required to pass an examination set by the General Nursing Council. State Registration became a condition of acceptance for the nurse wishing to serve in the Army.

In 1926, however, came the first real step towards what may be called Regular status. In that year the members of Q.A.I.M.N.S. were granted 'relative rank' as Regular Army Officers, for the purpose of assessing allowances, as follows:

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|-----------------------|---------|---------------------|
| Matron-in-Chief | . . | Colonel. |
| Principal Matron | . . | Lieutenant-Colonel. |
| Matron | | Major. |
| Sister or Staff Nurse | . . | Lieutenant. |

In 1926, too, they were for the first time included for this purpose in King's Regulations.

II

But this is to anticipate. Let us revert to the early history of Q.A.I.M.N.S.

The actual date of the establishment of Q.A.I.M.N.S. (by Royal Warrant) was March 27th, 1902. At the first meeting of the Nursing Board, held some three weeks later, the following were present: The Vice-President, Countess Roberts; the Chairman, Surgeon-General W. Taylor, C.B., Director-General Army Medical Services; Members, Surgeon-General A. H. Keogh, Sir Frederick Treves, Miss S. J. Browne, Matron-in-Chief, Miss Gordon, Matron of St. Thomas's Hospital, Miss Marks, Matron

of King's College Hospital, Viscountess Downe, and the Hon. Sidney Holland. Truly a notable assemblage. At the second meeting Queen Alexandra, the President, was present in person, 'who wished the Board every success, and desired that its proceedings should be carefully reported to her in full'.

Q.A.I.M.N.S. grew steadily, and like all prosperous growths, soon began to assimilate minor and ancillary organizations. In 1908 the old Princess Christian's Army Nursing Reserve was replaced by Queen Alexandra's Imperial Military Nursing Service Reserve. In the same year a Territorial Army Nursing Service came into being. These adjustments formed part of the famous Haldane Reforms, which had resulted, *inter alia*, in the creation of the Territorial Army and the Officers' Training Corps.

Looking ahead again for a moment, we may note that in 1921 a Military Families Nursing Service was founded, to be amalgamated in 1928 with Q.A.I.M.N.S. This particular Service was, and is, of enormous value for two reasons: it confers complete hospital benefit (including maternity service) upon the soldier's wife and family, and it furnishes the Nursing Sister with a valuable and welcome alternative to the exclusive nursing of men.¹

In 1926 Queen Alexandra's Imperial Military Nursing Service, India, which had hitherto existed as a separate institution, was amalgamated with Q.A.I.M.N.S., who at the same time took over the nursing in the British Military Families Hospitals as well. From this time onward Q.A.I.M.N.S. were responsible for the men, women and children of the British Army wherever they were stationed all over the world. The jealously guarded privilege of wearing the regular Q.A.I.M.N.S. uniform, with its scarlet cape, was shared by the Q.A.I.M.N.S. Sisters both in Britain and India; and Reserves and T.A. were distinguished by a grey cape with scarlet border. We shall discover later on, however, that the exigencies of total war made it necessary at times to abandon these cherished but all too conspicuous emblems. In Normandy in 1944 the Army Nursing Sisters went about their business in ordinary battle dress and steel helmets.

¹ See Chap. 24, pp. 356-8.

III

In 1914 came the First World War (or the Kaiser's War, as it is now frequently designated), and an enormous increase in the establishment of Q.A.I.M.N.S. was immediately indicated.

The Q.A.I.M.N.S. Reserve had been in existence since 1908, so the machinery of expansion was already available, though few realized how extensive that expansion would have to be. In 1914 the Service was about three hundred strong. By the end of that year no less than 2,223 trained nurses had been enrolled in the Reserve, of whom 1,803 were sent overseas—an establishment in striking contrast to that of the band of nursing pioneers, thirty-nine strong, so laboriously acquired by Florence Nightingale in 1854. By 1919 the Service and Reserve comprised 10,404 fully trained nurses. To this total we must add the V.A.D. contributed by the Order of St. John of Jerusalem and the British Red Cross, 8,495 of whom took the place of the usual R.A.M.C. orderlies in military hospitals. The total number of trained nurses and V.A.D. actually sent overseas—all under the ægis of Q.A.I.M.N.S.—exceeded 11,000.¹

Dame Ethel Becher served as Matron-in-Chief throughout the war. In each war area overseas was a Principal Matron, responsible to Headquarters. In this truly remarkable band the heaviest burden, naturally, was sustained by the Matron-in-Chief, British Expeditionary Force, Dame Maud McCarthy. But indeed the work done and the results achieved in every theatre of war were such as would have been deemed beyond the bounds of feminine achievement a few years before. The joint record of these devoted ladies will for ever abide as a source of legitimate pride in the annals of Q.A.I.M.N.S.

IV

Mention has already been made in these pages—and there will be more to come—of Hospital Nursing Orderlies. These men

¹ See also Chap. II, pp. 151-2.

are all members of the Royal Army Medical Corps, and a short account of the origin and history of that famous body may not be out of place.

A complete and self-contained Army Medical Service, as we know, is a comparatively modern product, almost as modern as a regular Standing Army. Until the seventeenth century armies were only raised upon the imminent prospect of war. The war over, the armies were disbanded, and their attendant medical services, such as they were, reverted to civil life.

The birth of our Regular Army dates from the year 1660, with the Restoration of Charles II. This force included in its service a number of medical officers who, instead of joining for the period of a given campaign and then returning to civilian practice, as formerly, were prepared to devote their professional lives to the care of the soldier.

Medical services were at first, and for a long time after, mainly regimental, though a few surgeons and physicians were appointed for Staff and for work in garrison and general hospitals. Each regiment maintained not only its own regimental surgeon but its own mobile hospital, the latter being staffed by a hospital sergeant and a number of male orderlies. Medical officers possessed no distinctive uniform, but wore that of the regiment.

For a hundred years and more Army medical services were maintained upon this crude and unsatisfactory system, without any particular supervision from above or official recognition within the regiment itself. The General Medical Staff, if so it may be called, appears to have comprised a Physician-General, Surgeon-General, Apothecary-General, and later, Director-General. In 1799, however, a Medical Board, composed of one Inspector of Hospitals, one Physician-General, and one Director-General, was established to deal with the appointment of regimental surgeons and other matters of administration. Drugs and medical stores were in the hands of the 'Apothecaries'. Supplies in general were controlled by 'Purveyors', gentry with whom, it will be remembered, Florence Nightingale was to come into frequent and violent collision during the Crimean War.

Under such a haphazard regime the lot of men wounded in

war-time was unenviable in the extreme. Such field hospitals as existed were stationary in character and thus remote from the field of battle. There were no bearer companies, no field ambulances, and no casualty clearing stations. As often as not, when the regiment moved on, the wounded were left to the care of the inhabitants of the country in which they fell; which, if on 'friendly' soil, sometimes meant that they were habitually neglected, and if on 'enemy' soil, that their end was accelerated by the swiftest and most convenient means.

This state of affairs continued right up to the time of the Peninsular War, though enlightened and energetic persons were not lacking to maintain the uphill battle for proper organization and better conditions. Prominent among these was Sir James McGrigor (Director-General 1815-1851), who received continuous backing from the Duke of Wellington himself. Sir James's statue may be seen today in the grounds of the Royal Army Medical College at Millbank.

Nevertheless it was not until 1855 that, under the combined impact of the Crimean War and Florence Nightingale, an organized medical service came into being with the creation of the Medical Staff Corps, with Headquarters and Depot at Chatham. The personnel of the Corps were left in no doubt as to the lowliness of their estate in the eyes of Authority: they were given no military titles or badges of rank, their duties being designated according to the nature of their employment—Cook, Orderly, Wardmaster, and the like.

But the main handicap under which the new Medical Staff Corps laboured consisted in the fact that it was subject to the direction of purely military officers. The Medical Officers were debarred from all direct authority—a circumstance not calculated to breed pride of regiment or *esprit de corps* in an infant unit. Breaches of discipline, for instance, were dealt with by the nearest available regimental commander.

Two years later, however, came the first real break in the administrative clouds. A fresh Royal Warrant was issued under which medical Other Ranks ceased to be classed according to their occupations and were given regular Army rank, with the

accompanying badges. At the same time the name of the Corps was changed to the Army Hospital Corps. It was to be recruited in the main from volunteers from the Line and Medical Staff Corps, and its members were 'to be able to read and write well' not a common accomplishment in those days—'and be of regular steady habits, and good tempered, and possessed of a kindly disposition'. All of which presaged a brighter future for the sick and wounded, besides making it clear that if these exacting conditions could be fulfilled, the Army Hospital Corps, so far as character and education were concerned, would be something of a *corps d'élite* by comparison with the Line regiments.

The new corps still lacked officers of its own, and remained to that extent nobody's child; but for all that it was generally felt that matters were genuinely on the mend, and that complete emancipation could not much longer be delayed.

A further step forward was taken in 1870, with the removal of the Purveyors from the control of A.H.C. supplies, and their transference to a new body which, by 1881, had grown into the present Royal Army Service Corps.

A further important advance was made in 1873, when the headquarters of the corps was removed from Netley to London. Regimental Hospitals were also abolished and replaced by Station (or General) Hospitals. This reform made for economy of material, uniformity of control, and saving of transport. Best of all, it greatly enlarged the scope and liberty of action of the Army Hospital Corps. Disciplinary control too was at last transferred from so-called 'Captains of Orderlies', imported from Line regiments, to the Medical Officers themselves.

Thus, step by step, the corps moved into line as an essential and important part of the military forces of the Crown. This process was greatly accelerated by the actual participation of the A.H.C. in the various 'small' wars of that period—in Ashanti, Zululand, Afghanistan, Egypt, and the Sudan. It gave both officers and men the invaluable benefit of practical experience in active service; it raised morale to a high pitch, and it advertised to the Army at large the fact that it possessed a medical service to be proud of, not merely in the matter of professional efficiency

but of gallantry under fire—in recognition of which many decorations, including the Victoria Cross, had been bestowed upon its members.

The reader may be reminded at this point that the labours of the Army Hospital Corps during this period were supplemented by those of numerous Army Nursing Sisters, dispatched overseas for the first time since the Crimean War to serve in military hospitals in Gibraltar, Malta, Cairo, and even farther afield.¹

On June 23rd, 1898, the long struggle of the Army Medical Officers for complete emancipation from outside supervision came to an end. Upon that date by a final Royal Warrant, the Army Hospital Corps and Medical Staff were united into a single body known as the Royal Army Medical Corps, with normal Army ranks and titles throughout. In addition the Corps was granted its own badge and motto, *In Arduis Fidelis*, and the now familiar dull cherry facings appeared upon the uniforms of all ranks. The new Corps made its début in the field towards the end of the year, in Lord Kitchener's triumphant campaigns (which included the victories of Atbara and Omdurman) for the recapture, after fourteen years of almost continuous effort and sacrifice, of the city of Khartoum and the avenging of the murder of General Gordon.

The Corps' high services therein were publicly acknowledged in a speech delivered by the General Officer Commanding-in-Chief in Cairo on October 8th, 1898, in which the following words were specially addressed to the R.A.M.C.:

I have lately visited the hospitals at Atbara and Abadia, and was much pleased and greatly struck with their efficiency, by the care and attention shown to the sick and wounded, and by their general appearance of comfort. I can assure you that all branches of the Service have been loud in their praise of the way that the sick and wounded were looked after, both in the hospitals and on the field, and I may tell you that I have not heard a single adverse criticism with regard to the working of the medical arrangements.

¹ See Chapter 4, Sec. III.

Such then, in brief outline, is the story of the birth, growth, and development of the great Corps with which Q.A.I.M.N.S. became so closely affiliated and with which it has now shared the labour and sacrifice of two World Wars. Indeed the two formations are now so intimately linked that in the chapters which follow it will not always be easy, at times, to speak of the one without reference, if only by implication, to the other.